

Entered - 06/05/01 - sb  
CL01L0344 - DIANNE C. MITCHELL

CLAIM OF: **WANDA JOHNSON**  
**810 Forest Path Lane**  
**Alpharetta, Georgia 30022**

**01- R-0938**

For damages alleged to have been sustained as a result of vehicular damage due to a pothole in the roadway on April 18, 2001 at Kimball Bridge Road and Kimble Krest Drive, Alpharetta, Georgia.

THIS ADVERSED REPORT IS APPROVED

BY:   
**ROBERT N. GODFREY**  
**DEPUTY CITY ATTORNEY**

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 01L0344

Date: June 12, 2001

Claimant /Victim WANDA JOHNSON

BY: (Atty)(Ins. Co.)

Address: 810 Forest Path Lane, Alpharetta, Georgia 30022

Subrogation: Claim for Property damage \$ 102.00 Bodily Injury \$

Date of Notice: 06/05/01 Method: Written, proper X Improper

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 04/18/01 Place: Kimball Bridge Road and Kimble Krest Drive

Department Division:

Employee involved Disciplinary Action:

NATURE OF CLAIM: The claimant alleges that her vehicle was damaged when she drove over a pothole in the roadway. The investigation determined that the area where this incident occurred is within the boundaries of the City of Alpharetta. The City of Alpharetta is a separate legal entity from the City of Atlanta. The claimant has been advised to file her claim with the City of Alpharetta or Fulton County.

INVESTIGATION:

Statements: City employee Claimant Others Written Oral

Pictures Diagrams Reports: Police Dept Report Other

Traffic citations issued: City Driver Claimant Driver

Citation disposition: City Driver Claimant Driver

BASIS OF RECOMMENDATION:

Function: Governmental Ministerial

Improper Notice More than Six Months Other Damages reasonable

City not involved X Offer rejected Compromise settlement

Repair/replacement by Ins. Co. Repair/replacement by City Forces

Claimant Negligent City Negligent Joint Claim Abandoned

Respectfully submitted,

  
INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ Adverse X Account charged: 1A01 2J01 2H01

Claims Manager: Concur/date 06-13-01

Committee Action: Council Action

404-3006000

8.7-6315

M. R. R. R.  
06/05/01

COUNCIL OF THE CITY OF ATLANTA  
MUNICIPAL CLERK  
City Hall  
55 Trinity Avenue, S.W.  
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: May 14 2001

330-6030

ENTERED - 6-5-01 - SB  
01L0344 - DIANNE MITCHELL

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 102.00 property and/or \$ bodily injury for which I contend the City is liable.

1. Date of incident: 04/18/01 2. Time of Incident: 3:15 PM 3. Police called: Yes No

4. Location of incident (including street address): Kimball Bridge Rd + Kimble Crest Dr (3500)

5. Name of your insurance company: Progressive Ins. Co. Policy No. 40944830-0

6. State what and how incident occurred: I was driving down Kimball Bridge

when I hit a very deep pot hole that made the car shake & most computerized message flash on. This continued & I took it to Kaufman Tire on State Bridge Rd - but they could not readjust a Cadillac or give me an estimate. Only Classic could.

ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: Cadillac Seville STS 4D 1995  
196KY529 (Make) 654821175 (Year) (Tag Number) Wanda Johnson (Driver's Name)

City vehicle: (Make) (City Driver's Name) (Department/Bureau)

9. Witness: None (Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Signature of Claimant Wanda Johnson

Wanda Johnson (Print Claimant's Name)

810 FOREST PATH LANE (Address)

ALPHARETTA, GA 30022 (City, State and Zip Code)

770-569-2973 (Work Number) (Home Number)

404-330-6400

Maura -

68 Mitchell St  
4th Floor

102.<sup>00</sup>

\* I called City of Alpharetta several times & the City Engineer, & finally Alpharetta told me to call Public Works because they have jurisdiction. I called them several times & left messages, to no avail until finally I got Maura & she sent these papers out to be completed.